

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

157

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70806, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date: 05/28/05

LSUPP

1050667

1. NAME ADAM GINGER E  
Last First MI2. BUSINESS PHONE 225.767.51513. BUSINESS ADDRESS 10652 MOLLY AVE., BATON ROUGE, LA 70810  
Street and No. City State ZipMAILING ADDRESS SAME  
Street and No. City State Zip4. EMPLOYER SELF5. EMPLOYER'S ADDRESS SAME  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No ✓

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name SWISHER INTERNATIONAL, INC.  
Address 459 EAST 16TH STREET, JACKSONVILLE, FLA. 32206  
Business or purpose MANUFACTURER OF CIGARS AND SMOKELESS TOBACCO☒ New Representation  
Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_RECEIVED  
OFFICE OF  
LEGISLATIVE  
FINANCE  
MAY 23 PM 1:55**HAND DELIVERED**

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157  
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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

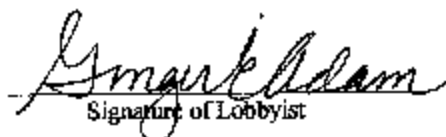
☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist